| Name: | D.o.B | Class: | Year: | Term: |
|----------------------|-------|-----------|-------|-------|
| Contacts: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Communication: | | | | |
| | | | | |
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| Sensory processing: | | | | |
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| Self-help skills: | | | | |
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| Known risks: | | | | |
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| | | | | |
| | | | | |
| Dietary issues: | | | | |
| | | | | |
| | | | | |
| Medical information: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Likes: | | Dislikes: | | |
| | | | | |
| | | | | |
| | | | | |

Figure 5.1 Student profile



Photocopiable:

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